Advanced Group Categorical Determination – A determination that can be made by the physician at the time of the Pre-Admission (Level I) Screening to exempt a NF applicant from a Level II evaluation. There must be an indication that NF services are needed for convalescent care or a severe/terminal physical illness and that the applicant is unlikely to benefit from specialized and/or rehabilitative services.

Alzheimer's Disease – A disease of the brain that causes multiple cognitive deficits leading to dementia. Symptoms of Alzheimer's disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgment, personality change, difficulty in learning, and loss of language and communication skills.

ARC – Appropriateness Review Committee – This committee, comprised of a nurse and physician, evaluates all submitted PASRR information for a specific individual to determine the need for a Level II Evaluation, NF level of care, and the need for specialized and/or rehabilitative services.

BLTC – Division of Medicaid's Bureau of Long Term Care – the Bureau within Division of Medicaid that is responsible for Pre-Admission Screening.

BMHP – Division of Medicaid's Bureau of Mental Health Programs – the Bureau within the Division of Medicaid that is responsible for setting PASRR policy for Level II Evaluations.

CFR- Code of Federal Regulations

CMHC - Community Mental Health Center – One of fifteen (15) comprehensive community mental health centers in the state. The CMHCs provide an array of community mental health services to individuals with mental illness including psychotherapeutic services, case management services, psychosocial rehabilitative services, psychiatric/medical services, alternative living arrangements, and crisis response services. ~~Refer to Section 20.07, Obtaining a Level II Evaluation, for a complete listing of CMHCs in Mississippi.~~ Refer to Provider Policy Manual Section 20.07 for Obtaining Level II Evaluation policy.

CMHT - Certified Mental Health Therapist – An individual with a minimum of a Master's degree in a related field who provides direct services to persons with mental illness/emotional disturbance or who supervises the provision of such services and who is certified by DMH as meeting its requirements for CMHT as defined in its policy "Rules, Regulations and Application Guidelines for the Mental Health Therapist Program."

CMRT - Certified Mental Retardation Therapist – An individual with a minimum of a Master's degree in a related field who provides direct services to persons with mental retardation/developmental disabilities or who supervises the provision of such services and is certified by DMH as meeting its requirements for CMRT as defined in its policy "Rules, Regulations, and Application Guidelines for the Mental Retardation Therapist Program."

DMH – Department of Mental Health – The state agency responsible for overseeing the provision of

public mental health/mental retardation services.

DSM – Diagnostic and Statistical Manual of Mental Disorders – The commonly accepted diagnostic manual used to determine criteria for mental illness and mental retardation categories. For purposes of PASRR, the most current edition of this manual, published by the American Psychiatric Association, is to be used.

Dementia – A disorder characterized by the development of multiple cognitive deficits (including memory impairment) that are due to the direct physiological effects of a general medical condition, to the persisting effects of a substance, or to multiple etiologies (e.g., the combined effects of cerebrovascular disease and Alzheimer's disease) as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Designated Representative – The primary person designated as responsible for coordinating the effort to obtain long-term care services for an individual. The individual who will potentially access long-term care services must designate the responsible party, if not designated by legal authority. A designated representative must be able to be physically present and carry out the responsibility of coordinating the link between the Pre-Admission Screening and the Level II evaluations through actual long-term care placement.

DOM – Division of Medicaid – A division of the Office of the Governor, authorized by state law to administer the federal/state program of medical assistance (Medicaid) in Mississippi.

H&P – History and Physical – A comprehensive medical history and review of body systems documenting normal and/or abnormal findings.

ICF- Intermediate Care Facility- A healthcare facility that provides care and services to individuals who do not need skilled nursing care, but whose mental or physical condition requires more than custodial care and services in an institutional setting.

ICF/MR- Intermediate Care Facilities for the Mentally Retarded- An intermediate care facility for persons with mental retardation or related conditions which provides twenty-four hour supervision and training and is regulated through requirements established by Medicaid.

Interdisciplinary Team – A team of healthcare professionals from various pertinent disciplines who work together to plan and implement appropriate treatment for individuals in need of care. The team typically consists of a physician, credentialed mental health therapist and/or mental retardation professional, and others as appropriate.

LCMHT – Licensed Clinical Mental Health Therapist – An individual with a minimum of a Master's degree in a related field who provides direct services to persons with mental illness/emotional disturbance or who supervises the provision of such services and is licensed by DMH as meeting its requirements for LCMHT as defined in its policy "Rules, Regulations and Application Guidelines for the Mental Health Therapist Program."

LCMRT – Licensed Clinical Mental Retardation Therapist – An individual with a minimum of a Master's degree in a related field who provides direct services to persons with mental retardation/developmental disabilities or who supervises the provision of such services and is licensed by DMH as meeting its requirements for LCMRT as defined in its policy "Rules, Regulations and Application Guidelines for the Mental Retardation Therapist Program."

LCSW – Licensed Certified Social Worker- A person with a minimum of a Master's degree who is licensed to practice social work independently under state law.

LMFT – Licensed Marriage Family Therapist – A person with a minimum of a Master's degree or Doctoral degree in marriage and family therapy.

LMSW – Licensed Master Social Worker- A person with a minimum of a Master's degree who holds a license to practice social work under state law.

LPC – Licensed Professional Counselor – A person with a minimum of a Master's degree in a related field who offers to render professional counseling services to individuals, groups, or organizations and who holds a license to practice under Mississippi state law.

LSW – Licensed Social Worker – A person with a minimum of a Bachelor's degree who holds a license to practice social work in the state of Mississippi.

Level I – The screening which is required of all individuals requesting admission to a Medicaid-certified NF. Level I is referred to as Pre-Admission Screening (PAS).

The purpose of the PAS is to: (1) gather information that will help determine the appropriateness of NF placement; (2) identify MI/MR indicators in the applicant's current condition or history; (3) screen for a primary diagnosis of Alzheimer's disease or dementia; and (4) determine if the criteria for Advanced Group Categorical Determination are met. ~~Refer to Section 64.17 for a more complete explanation of these services.~~ Refer to Provider Policy Manual Section 64.17 for PAS Level II Requirements for Mental Illness (MI) or Mental Retardation (MR) policy.

Level II – The assessment by a CMHC/RC of an individual's need for specialized MI/MR services in a NF.

The purpose of the Level II is to: (1) determine whether NF services are appropriate; and (2) insure that persons with MI/MR who need NF placement will receive any specialized services they need to maintain their optimal level of functioning.

A Level II must be conducted in the following instances as determined necessary by the ARC: (1) **prior to** NF admission, (2) if recommended by the Pre-Admission Screening; (3) at any time that a NF resident first begins to exhibit signs/symptoms of MI; and (4) anytime there is a significant change in the condition of a NF resident with MI/MR needs who previously had a Level II Evaluation. All Level II evaluations must be submitted to the ARC, which determines if NF services are appropriate and which, if any, specialized services are required.

Level of Care – The amount of care required to meet an individual's overall medical, social, and rehabilitative needs.

Long Term Care – The term "long term care" comprises a broad range of supportive services needed by persons of all ages with physical or mental impairments who have lost or never acquired the ability to function independently. Long-term services include nursing care, personal care, habilitation and rehabilitation, adult day services, care management, social services, transportation and assistive technology.

Mental Health Rehabilitative Services for MI and MR – These are rehabilitative services, which the NF is required to provide to promote the optimal functioning of its residents with MI/MR needs. They are "front line" mental health services (such as providing a structured environment, implementing behavior modification programs, administering and monitoring psychotropic medications), which must be implemented by all levels of NF staff who come into contact with the resident. They are generally of a lesser intensity than the more specialized services (e.g. psychotherapy) which the CMHC/RC is required to provide.

~~Refer to Section 20.11, Specialized Services, for a more complete explanation of these services.~~ Refer to Provider Policy Manual Section 20.11 for Specialized Services policy. Mental Health Rehabilitative Services for MI/MR is a sub-category of Specialized Rehabilitative Services.

MI – Mental Illness – defined as a mental disorder that may lead to a chronic disability and is diagnosable under the DSM. The disorder must have resulted in functional limitations in major life activities within the past ~~3 to 6~~ three (3) to six (6) months.

MR – Mental Retardation – defined by the most current edition of the DSM as significantly sub-average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least two of the following skill areas, with onset prior to age ~~18~~ eighteen (18): communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health; and safety.

NF – Nursing Facility – An institution (or a distinct part of an institution) which primarily provides skilled nursing care and related services for residents who require medical, nursing care, and/or rehabilitation services which can only be made available through institutional facilities and whose purpose is not primarily the care and treatment of mental diseases.

Nurse Practitioner – A person with a minimum of a Master's degree who is licensed to practice collaboratively with a physician as a nurse practitioner under state law.

Physician – A medical doctor (M.D.) or doctor of osteopathy (D.O.) licensed under state law to practice medicine.

PASRR – Pre-Admission Screening and Resident Review

PASRR Packet – The packet of information, consisting of a Pre-Admission Screening (Level I Form and H&P) and a Level II MI and/or MR Evaluation. ~~(see section 20.09, Components of the Level II Evaluation), which must be submitted to the ARC upon completion of the Level II Evaluation(s).~~ Refer to Provider Policy Manual Section 20.09 for Pre-Admission Screening/Resident Review Summary & Psychosocial Diagnostic Assessment policy.

PDD/AAA – Planning & Development Districts/Area Agencies on Aging- Local non-profit agencies, which provide services to the elderly.

PMHNP – Psychiatric Mental Health Nurse Practitioner – A person with a minimum of a Master's degree in nursing, with a specialty in mental health, who is licensed to practice collaboratively with a physician as a nurse practitioner under state law.

PRE-ADMISSION SCREENING (PAS) – The screening which is required of all individuals requesting admission to a Medicaid-certified NF.

The purpose of the PAS is to: (1) gather information that will help determine the appropriateness of NF placement; (2) identify MI/MR indicators in the applicant's current condition or history; (3) screen for a primary diagnosis of Alzheimer's disease or dementia; and (4) determine if the criteria for Advanced Group Categorical Determination are met.

~~Refer to Section 64.17 for a more complete explanation of this service.~~ Refer to Provider Policy Manual Section 64.17 for PAS Level II Requirements for Mental Illness (MI) or Mental Retardation (MR) policy.

Psychiatrist – A physician who is board-certified/board eligible in psychiatry.

Psychologist – An individual with a minimum of a doctorate degree licensed to practice psychology.

RC – Regional Center – One of five comprehensive regional mental retardation centers in the state, which provides an array of community and long-term residential services to individuals with mental retardation and related developmental disabilities.

~~Refer to Section 20.07, Obtaining a Level II Evaluation, for a complete listing of these centers.~~ Refer to Provider Policy Manual Section 20.07 for Obtaining a Level II Evaluation policy.

RN – Registered Nurse – A person who is licensed under state law to practice nursing.

Re-admission – This term identifies the return to the NF of a resident who was transferred to a hospital or other facility for the purpose of receiving specialized or more intensive care. Anytime a resident with MI/MR needs is re-admitted to an NF, the ARC must be notified of the significant change and a determination made regarding the need for a subsequent Level II.

Recommended Services – These are services beyond those routinely provided by a NF which are recommended by the ARC as being necessary for an applicant/resident with MI/MR to achieve/maintain his/her optimal level of functioning in the NF environment. The CMHC/RC first makes recommendations regarding the need for these services in the PASRR report submitted to the ARC. The ARC then makes official recommendations regarding which services are required for each individual's welfare. The ARC may recommend that services be provided from either/both of the following two categories: Mental Health Rehabilitative Services for MI and/or MR (to be provided by the NF), and/or Specialized Services for MI and/or MR (to be provided by the CMHC/RC).

Significant Change – A change in the resident's physical/mental/emotional condition that requires an adjustment in the resident's current treatment regimen.

~~Refer to Section 20.13, Significant Change, for examples of significant changes that would warrant a report.~~ Refer to Provider Policy Manual Section 20.13 for Significant Change Reporting Form policy.

Specialized Rehabilitative Services – These are rehabilitative services which the NF is required to provide to meet the daily physical, social, functional or mental health needs of its residents. Some examples of these services are physical therapy, speech/language therapy, occupational therapy, and mental health rehabilitative services.

~~Refer to Section 20.11, Specialized Services, for a more complete explanation of these services.~~ Refer to Provider Policy Manual Section 20.11 for Specialized Services policy.

Specialized Services for MI/MR – These are services which must be provided by the CMHC or RC, if recommended by the ARC, to meet the specialized needs of residents with MI and/or MR. These are generally services which require a higher level of expertise in the areas of MI and MR (e.g. medication evaluation for MI/MR conditions, psychotherapy) than can be provided by the NF.

~~Refer to Section 20.11, Specialized Services, for a more complete explanation of these services.~~ Refer to Provider Policy Manual Section 20.11 for Specialized Services policy.

State PASRR Coordinator – The individual who is responsible for coordinating the administrative function of the PASRR process for the state. The State PASRR Coordinator: (1) provides the necessary support/information for implementation of the PASRR; (2) refers applicants/residents requiring a Level II Evaluation to a CMHC or RC; (3) evaluates information submitted to the PASRR office for accuracy and completeness; (4) facilitates determination reviews by the ARC; (5) informs appropriate parties of the ARC determination; and (6) assists individuals/families and nursing facilities in obtaining information on the PASRR process or status of an ARC determination.